

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Gerald Brice DBA  
Chuck Town Transit

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 174 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Gerald Brice

Telephone: 843 412 0779

Address: 4747 Lambs Rd.  
N. Char. SC, 29418

Fax:

Other:

Email: meSeeMO@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
OCT 11 2010  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

*[Handwritten signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 5/12/10

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Gerald Brice dba

Chuck Town Transit

9747 Lambs Rd Char SC 29418 15-H  
Street Address of Applicant

2561 Fassitt E-4 nChar SC 29406  
Mailing Address of Applicant if different from street address

843 642-0779  
Phone

Fax

meseeemo @ gmail.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month \_\_\_\_\_ Year \_\_\_\_\_

### Assets:

Cash	1000 <sup>00</sup>
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	9000 <sup>00</sup>
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	10000 <sup>00</sup>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	400 <sup>00</sup> mo.
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	800 <sup>00</sup> wk
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	I Help my Baby Girl with School
	3600 <sup>00</sup>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

250 A mile

Counties to be Served:

25 mi  
Dorchester  
Charleston  
Berkeley  
County

Maximum Number of Passengers per Vehicle:

1 to 15

Mr. Gerald Brice  
4747 Lambs Road  
Charleston, SC 29405

May 13, 2010

Hello Gerald,

Here is your Commercial Auto Insurance Application, please sign where it says "sign here" and mail to the following address as we have recently moved our office.

Venture Specialty Insurance  
207 East Main Street  
Richmond, VA 23219

**All checks and money orders should be made out payable to: Venture Specialty Insurance**

Your Down Payment is as follows:

**TOTAL DOWN PAYMENT - \$864.25**

Your remaining balance will consist of nine monthly payments of \$276.67

If you have any questions or concerns please feel free to shoot me a call and I will be glad to assist you in any way I can. We look forward to learning more about your business and look forward to helping you save money on your Commercial Auto Insurance.

Much Thanks and Safe Travels.

Kyle Bowles  
Business Development Manager  
Phone: 804-521-2993 ext 14  
Fax: 804-288-9886  
[kbowles@venturesi.com](mailto:kbowles@venturesi.com)

**Please place this letter where you will find it come renewal time!!**



**Venture**  
SPECIALTY INSURANCE

207 East Main Street  
Richmond, VA 23219  
Voice - 804-521-2993  
Fax - 804-288-9886

## Commercial Auto Insurance Quote

Thank you for calling Venture Specialty Insurance for your insurance needs. We are pleased to offer you the following quote based on the information you provided to us:

<b>Insured:</b>	Gerald Brice
<b>Policy Term:</b>	5/13/2010 to 5/13/2011
<b>Coverage type:</b>	Commercial Automobile Liability
<b>Coverage amounts for liability:</b>	Liability \$500,000 CS Uninsured Motorist \$75,000
<b>Physical Damage:</b>	Included (1 Unit)
<b>Number of vehicles quoted:</b>	1 unit
<b>Premium per vehicle:</b>	\$3,057.00
<b>Policy Fee:</b>	\$50.00
<b>USARM Loss Control Fee:</b>	\$50.00
<b>Carrier:</b>	Delos Insurance Company
<b>Subject to:</b>	Minimum earned of \$250.00 Must provide a copy of Vehicle(s) Registrations Vehicles 10 years or older may be subject to favorable mechanic statement, and a photo of the car must be provided Drivers Not needing an SR-22 Filing. All MVRs must comply with Driver Criteria Guidelines MVRs must be sent prior to binding <u>All new potential drivers must be approved by Delos Insurance Company prior to operating any insured vehicle</u> All drivers over 70 years old are subject to favorable physician statement All vehicles must be pre-scheduled, no automatic coverage is afforded
<b>Administrative Fee Schedule:</b>	Pursuant to Section 38.2-1812.2 of the Code of Virginia, Venture Specialty Insurance, LLC may charge an administrative or service fee. Our fees are: 1. Policy Set Up Fee - \$50.00 per policy 2. DMV Record - \$10.00 per record 3. Property Photograph - \$25.00 flat fee 4. Returned Check - \$35.00 first offense, \$75 second offense
<b>Total premium for package:</b>	\$3,157.00

By signing below, you acknowledge this quote and the conditions that are subject to this rate provided.

By:

(Insured Signature)

SIGN HERE

(Printed Name)

Date:

By:

(Agent Signature)

Name:

(Printed Name)

Date:

## **Exhibit FWA**

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Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF Charleston )

A/k/a Chuck Town Transit

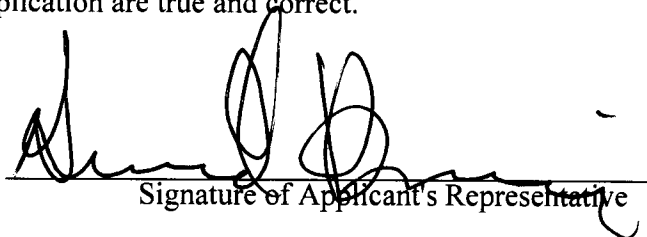


Applicant's Signature

I, Gerald Brice, Owner-Operator  
Name of Applicant's Representative Title

of Chuck Town Transit,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME

This 12th day of May, 2010



Sharon M. Mirrah  
Notary Public of South Carolina  
My Commission Expires: 10-27-2015

Notary Public Sharon M. Mirrah

Commission Expires 10/27/2015



P.O. Box 118068  
N. Charleston, South Carolina 29423-8068

67-7194  
2532

410027

05/12/2010

PAY TO THE  
ORDER OF

VENTURE INSURANCE

\$864.25

Eight Hundred Sixty Four and 25/100

Remitter: GERALD BRICE  
4908

☐ Security Features Are Included  
FIRST FEDERAL OF CHARLESTON  
S.C.

  
AUTHORIZED SIGNATURE